

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 101803586  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4				2		
5				2		
6						
7				2		
8				1		
9						
10				2		
11				1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			10			
TOTAL CLAIMS			12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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